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Fill in this information to ide	ntify the case:	1		
United States Bankruptcy Cou	rt for the:			
Southern	rict of New York			
	(State) Chapter			
Official Form 205	- Online			☐ Check if this is a amended filing
	etition Against a N	Non-Ind	ividual	12/15
a case against an individual, us	uptcy case against a non-individual you a se the <i>Involuntary Petition Against an Ind</i> ny additional sheets to this form. On the	ividual (Official	Form 105). Be as complete	and accurate as possible. If
Part 1: Identify the Chapt	er of the Bankruptcy Code Under W	hich Petition l	Is Filed	
Chapter of the Bankruptcy Code	Check one:			
Dankraptcy Code	Chapter 7 Chapter 11			
Part 2: Identify the Debto	г			
2. Debtor's name	Champions League, Inc.			
3. Other names you know the debtor has used in the last 8 years	None known.			
Include any assumed names, trade names, or doing business as names.				
Debtor's federal Employer Identification	☐ Unknown			
Number (EIN)	4 7 - 1 3 0 3 3 3 7	. 1		
5. Debtor's address	Principal place of business		Mailing address, if diffe	erent
	630 Fifth Avenue Number Street		108 2nd Stree Number Street	et
	20th Floor		P ₋ O ₋ Box	
	New York NY		Excelsior	MN 55331
	City State	ZIP Code	City	State ZIP Code
			Location of principal as principal place of busing	
	New York County	=======	Number Street	
			Number Street	
			City	State 7IP Code

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D	ebtor <u>Champions Le</u>	ague, Inc. Case number of known					
6.	Debtor's website (URL)	http://www.champshoops.com					
7.	Type of debtor	Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other type of debtor. Specify:					
8.	Type of debtor's business	Check one:					
		 ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Railroad (as defined in 11 U.S.C. § 101(44)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3)) ☒ None of the types of business listed. ☐ Unknown type of business. 					
9.	To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?	No Yes Debtor Relationship District Date filed Case number, if known					
		Debtor Relationship District Date filed Case number, if known					
	Report About the	Case					
10.	Venue	Check one: Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.					
		☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.					
11.	Allegations	Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a). At least one box must be checked: The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.					
		☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.					
12.	Has there been a transfer of any claim against the debtor by or to any petitioner?	No Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).					

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Champions Lea	gue, Inc.	Case number (d known)	
. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the clain above the value of any lien
	Gary Akerstrom	secured debt*	\$ <u>130,000.00</u>
	GSA Foundation	secured debt*	\$ 130,000.00
	Frank Lamond IRA	secured debt*	\$ <u>26,000.00</u>
	10.1	Total of petitioners' claims he value of their lien to be at or near \$0	\$ <u>286,000.00</u>
the top of each sheet. Following additional petitioning creditor	ng the format of this form, set out th , the petitioner's claim, the petitione rjury set out in Part 4 of the form, fo	is. Write the alleged debtor's name and the case reservance information required in Parts 3 and 4 of the formation required in Parts 3 and 4 of the formationer's attorney. Sollowed by each additional petitioner's (or represervance)	m for each Include the
Request for Relief WARNING Bankruptcy fraud is	s a serious crime Making a false state	ement in connection with a bankruptcy case can resu	It in fines up to
	o to 20 years, or both. 18 U.S.C. §§ 15		it in lines up to
foreign representative appointed	l in a foreign proceeding, attach a certi in this document and have a reasonal	Itement required by Bankruptcy Rule 1010(b). If any profiled copy of the order of the court granting recognition to be belief that the information is true and correct. Attorneys	
Name and mailing address of	petitioner		
Gary Akerstrom Name		Printed name	
425 Talmage Road Number Street		Firm name, if any	
<u>Ukiah</u> city	CA 95482 State ZIP Code	Number Street	
Name and mailing address of p	petitioner's representative, if any	City State	ZIP Code
Name		Contact phone Email	
Number Street		Bar number	
City	State ZIP Code	State	
•	that the foregoing is true and correct.		
Executed on 10/10/2018		×	
How will have	ha	Signature of attorney	
ignature of petitioner or representati	ve, including representative's title	Date signed MM / DD / YYYY	

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Author Street Ukiah CA 95482 State ZIP Code Name and mailing address of petitioner's representative, if any Name Street Ukiah CA 95482 State ZIP Code Number Street Contact phone Email Bar number State S	Name and mailing addre	ess of petitioner				
Variable Number Street State State ZIP Code		•				
Number Street State ZIP Code	GSA Foundation Name			Printed name		
Ulkiah CA 95482 Ulkiah CA 95482 Iliy State ZIP Code City State ZIP Code Contact phone Email Bar number State State Signature of attorney Date signed MM / DD / YYYY Itame and mailing address of petitioner Frank Lamond IRA fame Issued United name Issue Street Issue Signature of attorney Date signed Printed name Firm name. If any Number Street City State ZIP Code Contact phone Email Bar number State Signature of attorney Date signed MM / DD / YYYY Issue Signature of attorney Date signed MM / DD / YYYY State ZIP Code City State ZIP Code City State ZIP Code City State ZIP Code City State ZIP Code Contact phone Email Bar number State ZIP Code City State ZIP Code Contact phone Email Bar number State State ZIP Code Cotact phone Email Bar number State State ZIP Code Contact phone Email	425 Talmage Ro	na d				
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Bar number Street State Sta	lomo			Contact phone	Email	
Author Street State	varne			Bar number		
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declare under penalty of perjury that the foregoing is true and correct. Executed on MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Date signed MM / DD / YYYY Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Signature of attorney Date signed MM / DD / YYYY Signature of attorney Signature of attorney MM / DD / YYYY Signature of attorney MM / DD / YYYY Signature of attorney MM / DD / YYYY Signature of attorney Signature of attorney MM / DD / YYYY Signature of attorney MM / DD / YYYY Signature of attorney Signature of attorney MM / DD / YYYY Signature of attorney MM / DD / YYYY Signature of attorney MM / DD / YYYY Signature of attorney Signature of attorney MM / DD / YYYY Signature of attorney MM / DD / YYYY Signature of attorney Signature of attorney Signature of attorney Signature of attorney Signature of attorne				State		
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1813 Coconut Palm Circle Firm name, if any						
North Port FL 34288 State ZIP Code City State ZIP Code				Printed name		
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Debtor	Champions League	e, Inc.		Case number (# kind	own)	
	and mailing address of pet					
GSA Name	Foundation			Printed name		
425 Number	Talmage Road			Firm name, if any		
Ukia		ĊA	95482			
City		CA State	95482 ZIP Code	Number Street		
Name a	and mailing address of pet	itioner's represe	entative, If any	City	State	ZIP Code
Name				Contact phone	Email	
	-			Bar number		
Number	Street			State	 :	
City		State	ZIP Code			
l declar	e under penalty of perjury the	at the foregoing i	s true and correct.			
Executed	d on			Signature of attorney		
Signature	e of petitioner or representative,	including represent	ative's title	Date signed MM / DD / Y	////	
Name a	and mailing address of peti	tloner				
Frank Name	Lamond IRA			Printed name		
1813 Number		ele		Firm name, if any		
Nort	h Port	FL State	34288 ZIP Code	Number Street		<u>~</u>
Name a	nd mailing address of peti	tloner's represe	ntative, if any	City	State	ZIP Code
				Contact phone	Email	
Name				Bar number		
Number	Street		 ::			
City		State	ZIP Code	State		
	e under penalty of perjury tha					
Executed	10/1/2000	80		x		
	MMY / DD /YYYY		>	Signature of attorney		
Signature	e of petitioner or representative, i	ncluding representa	ative's title	Date signed MM / DD / Y	YYY	